



Tennessee Consolidated Retirement System
502 Deaderick Street
Nashville, TN 37243-0201

WAIVER OF RETIREMENT BENEFITS

Any retired employee or beneficiary may elect to suspend all or part of the retirement allowance payable to him or her. Such suspension of benefits shall be considered as a forfeiture of the amount so suspended. The full retirement allowance may be reinstated upon written notice to the Retirement Division.

Type or Print Legibly in Ink

Social Security Number		Phone Number ()	
Name (Last)	(First)	(Middle)	(Maiden)
Address	City	State	Zip Code

I, the undersigned, do hereby direct the retirement board to reduce my monthly retirement allowance to \$_____ per month. I understand that this election constitutes a forfeiture of benefits and that I may at a later date have prospective benefits reinstated at the level of my full entitlement.

Cost-of-Living Adjustments (COLA)

Any retired state employee or teacher who has been retired for at least 12 full months on July 1 of each year is eligible to receive an adjustment in his retirement allowance. The adjustment depends on the increase, if any, in the Consumer Price Index for the preceding calendar year.

If there is an increase in the Consumer Price Index between one-half of one percent and one percent in any year, retired state employees will receive a one percent cost-of-living adjustment. If there is an increase in the Consumer Price Index of one percent or more in any year, retired state employees will receive an amount equal to the increase in the Consumer Price Index, not to exceed three percent. Adjustments appear on the July 31 payment.

Note: Retired employees of political subdivisions are only eligible for COLAs if the local government has passed a resolution providing COLAs.

Please check only one box: ☐ Increase my future payments to reflect COLA
☐ Do not adjust future payments for COLA

Date Signature

NOTARY

State of _____, County of _____

On this _____, 20____, before me, a notary in and for said county and state, residing therein, duly commissioned and sworn, personally appeared _____, personally known to me to be the person whose name is subscribed to the foregoing, or proved to me on the basis of satisfactory evidence and acknowledged to me that such person executed the same.

WITNESS my hand and official seal. _____
Notary Public

My Commission Expires: _____